

BP Business Solutions Application



FAX Application to: 1-800-348-7960 or

Mail to: BP Business Solutions, PO Box 923928, Norcross, GA 30010

For more information call: 1-800-348-7959

CARD PRODUCT SECTION - PLEASE SELECT A CARD PRODUCT

- 1** Please select your card choice by checking one of the boxes: ☐ BP Business Solutions MasterCard® Card ☒ BP Business Solutions Fuel Card

All fields must be completed to ensure timely processing. PLEASE PRINT, USING BLACK INK.

BUSINESS INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS

2 <input type="text"/>		<input type="text"/>	
Business Legal Name		Federal Tax ID or SSN (Required)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	
Credit Limit Requested	Fax Number	Business Structure/Type	
		<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit*	
		<input checked="" type="checkbox"/> Government <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership	
<input type="text"/>		*Please attach state tax exemption certificate (1% service fee)	
<input type="text"/>		<input type="text"/>	
Physical Address Line 1 (No P.O. Boxes)		Years under current ownership	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		\$ <input type="text"/>	
Physical Address Line 2 (No P.O. Boxes)		Annual Sales Volume (Dollars)	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address City	State	Zip	
<input type="text"/>		<input type="text"/>	
Mailing Address Line 1 (if different from physical address)			
<input type="text"/>		<input type="text"/>	
Mailing Address City	State	Zip	

CONTACT INFORMATION - PLEASE TELL US ABOUT YOURSELF

3 <input type="text"/>		<input type="text"/>	
Main Business Phone		E-mail Address For Online Statements and Reports	
<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Key Executive Title	Key Executive First Name	Key Executive Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Contact's First Name	Billing Contact's Last Name	Billing Contact's Phone Number	ext. <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone/Secondary Number	Choose security password to be used for Account Access (minimum of four characters).		
<input type="text"/>	<input type="text"/>		
How would you like to receive your statement? (check one) <input type="checkbox"/> Online <input type="checkbox"/> Paper*			
*A fee may apply.			

FINANCIAL/REFERENCE INFORMATION - PLEASE TELL US ABOUT YOUR BUSINESS BANKING AND REFERENCES

4 <input type="text"/>		<input type="text"/>		<input type="text"/>	
Bank Reference (Primary)		Bank Phone Number		Bank Account Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Trade Reference Name		Trade Reference Phone Number		Trade Reference Fax Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Current Fuel Supplier		Account Number		Fuel Supplier Phone Number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

SIGNATURE - PLEASE SIGN AND DATE

5 Please Read Carefully: FleetCor Technologies Operating Company, LLC, ("FleetCor") and Comdata Network, Inc. ("Comdata") operate the BP Business Solutions card products and this application is made to FleetCor. By signing this application, Customer authorizes FleetCor to check Customer's credit references and the information on this application and to obtain consumer or commercial credit reports to check Customer's credit standing, both for this application and for the updates of Customer's credit file and renewal of Customer's BP Business Solutions card(s). Customer acknowledges that this application is subject to approval and acceptance of Customer by FleetCor in Louisiana. If this application is approved, then Customer will be notified of its available credit limit, and Customer will not allow its unpaid account balance to exceed its credit limit. Customer agrees that Louisiana law governs the terms and conditions of the BP Business Solutions card(s), which terms and conditions will accompany the card(s) if this application is approved. Customer's accepting, signing, or using any BP Business Solutions card(s) will constitute Customer's acceptance of those terms and conditions including, without limitation, Customer's unconditional obligation to pay for all use of BP Business Solutions' cards provided to Customer and all use of Customer's account each billing cycle, as well as all interest, fees and costs associated with such cards and account. The account is not a revolving credit account. Customer agrees that any liability arising or resulting from the misuse, unauthorized use, loss or theft of any one or more of the cards issued or of Customer's account shall be fully borne, assumed and paid by Customer. Customer also agrees that Customer will exclusively use the BP Business Solutions card(s) for commercial purposes and understands that Customer's card(s) may be canceled if Customer uses them for non-commercial purposes. In the event that Customer's account is turned over to a collection agency or an attorney for collection, Customer agrees to pay all such costs, fees and expenses of such agency or attorney, including, without limitation, court costs and out-of-pocket expenses. By signing below, Customer confirms that everything it has stated in this application is correct to the best of Customer's knowledge and that the signing authorized representative is duly authorized to enter this relationship on behalf of Customer. We comply with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your account application.		
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Print Name (Authorized Representative)	Signature (Authorized Representative)	Date (MM/DD/YYYY)

PERSONAL GUARANTEE BY PRINCIPAL OF APPLICANT MAY BE REQUIRED FOR: CORPORATIONS LESS THAN TWO YEARS OLD AND ALL SOLE PROPRIETORSHIPS, PARTNERSHIPS AND LLC'S

6 The undersigned ("Guarantor") unconditionally and irrevocably guarantees the payment and performance when due of all obligations of the Applicant to FleetCor and its successors and assigns now or hereafter owing ("Guaranteed Obligations"). Payment hereunder shall be made without set-off or counterclaim. Guarantor acknowledges that this is a guaranty of payment and not of collection and that Guarantor is a primary obligor and not merely a surety, obligated on a joint and several basis with Applicant and each other guarantor. Guarantor hereby waives any right to require FleetCor to proceed against Applicant as a condition to proceeding against Guarantor and waives the provisions of law to the contrary. Guarantor waives notice of acceptance, diligence, presentment, demand, notice of dishonor, protest and all other notices. Guarantor agrees that Guarantor's obligations hereunder shall not be affected by changes in the Guaranteed Obligations. Guarantor hereby subordinates in favor of FleetCor any right of subrogation and all other obligations of the Applicant to Guarantor. If any provision of this Guaranty is held to be illegal, invalid or unenforceable it shall not affect any other provision hereof. This Guaranty shall be governed by the law of Louisiana. If collection hereunder is by an attorney at law, the Guarantor shall pay all reasonable costs of collection, including attorney fees. The terms and conditions of the Account Agreement (available upon request if you do not already have a copy) are incorporated by reference and Guarantor agrees to be bound thereby. This Guaranty shall be relied upon by FleetCor in making its credit decision and is a condition of the extension of credit to the Applicant. Guarantor hereby authorizes FleetCor to obtain a consumer credit report of Guarantor and to make direct inquiries of employers and businesses where Guarantor has accounts. If this Application is denied based on such information, Guarantor authorizes FleetCor to report the reason for the denial to Applicant. If the Guaranteed Obligations are not paid when due, FleetCor may report the Guarantor's liability for and the status of the account to credit bureaus and others who may lawfully receive such information.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name (Guarantor)	Signature (Guarantor)	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guarantor Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #	Driver's License # and State		

Internal Use

Internal Use

Internal Use



Business Name: _____

CARD SET-UP INFORMATION – PLEASE TELL US HOW YOU WOULD LIKE YOUR CARDS SET UP

7

1. Choose Driver or Vehicle Cards

<input type="text"/> <input type="text"/>	Number of Driver Cards	<input type="text"/>	Number of In Station Cards
<input type="text"/> <input type="text"/>	Number of Vehicle Cards	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Station Number (see station manager)

2. If you choose to have Driver Cards, please fill out this section:

Driver ID #	Driver Name (First)	Driver Name (Last)	Prompts Requested 1-Driver ID & Odometer** 2-Vehicle ID & Odometer** 3-Odometer 4-No Prompt (enter 1-4 below)	Purchasing Ability† 1-Fuel Only 2-Fuel and Maintenance Only 3-Maintenance Only (enter 1-3 below)
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3. If you choose to have Vehicle Cards, please fill out this section:

Vehicle ID #	Vehicle Name	Prompts Requested 1-Driver ID & Odometer** 2-Odometer 3-No Prompt (enter 1-3 below)	Purchasing Ability 1-Fuel Only 2-Fuel & Maintenance Only 3-Maintenance Only (enter 1-3 below)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
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****4. If you choose to have Driver Prompts or Vehicle prompts, please list the acceptable responses below.**
Cards will only work if your driver enters one of the numbers below.

Vehicle ID # or Driver ID #	Vehicle Name or Driver Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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***If you are requesting more than 6 cards, please call 1-800-348-7959 for assistance.**